

|                                 |                                                   |                               |                               |
|---------------------------------|---------------------------------------------------|-------------------------------|-------------------------------|
| <i>SERFF Tracking Number:</i>   | <i>SKML-126273956</i>                             | <i>State:</i>                 | <i>Arkansas</i>               |
| <i>Filing Company:</i>          | <i>Kanawha Insurance Company</i>                  | <i>State Tracking Number:</i> |                               |
| <i>Company Tracking Number:</i> | <i>70130</i>                                      |                               |                               |
| <i>TOI:</i>                     | <i>H21 Health - Other</i>                         | <i>Sub-TOI:</i>               | <i>H21.000 Health - Other</i> |
| <i>Product Name:</i>            | <i>Humana Ind Cash Cancer CC Disclosure</i>       |                               |                               |
| <i>Project Name/Number:</i>     | <i>Humana Ind Cash Cancer CC Disclosure/70130</i> |                               |                               |

## Filing at a Glance

Company: Kanawha Insurance Company

Product Name: Humana Ind Cash Cancer CC    SERFF Tr Num: SKML-126273956    State: Arkansas

Disclosure

TOI: H21 Health - Other

SERFF Status: Closed-Filed

State Tr Num:

Sub-TOI: H21.000 Health - Other

Co Tr Num: 70130

State Status: Filed-Closed

Filing Type: Form

Reviewer(s): Rosalind Minor

Author: Dee Sinkoe

Disposition Date: 09/03/2009

Date Submitted: 08/20/2009

Disposition Status: Filed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: Humana Ind Cash Cancer CC Disclosure

Status of Filing in Domicile: Not Filed

Project Number: 70130

Date Approved in Domicile:

Requested Filing Mode: Informational

Domicile Status Comments: This is an informational filing

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 09/03/2009

Explanation for Other Group Market Type:

State Status Changed: 09/03/2009

Deemer Date:

Created By: Dee Sinkoe

Submitted By: Dee Sinkoe

Corresponding Filing Tracking Number:

Filing Description:

The enclosed form is being submitted on behalf of Kanawha Insurance Company for your information. This form is new and does not replace any forms currently on file with your department.

The purpose of this form is to inform policyholders who pay premiums with credit cards that they will be charged an additional fee of \$12.00 annually. This fee is currently being charged to the insurer by the credit card company and will now be collected from its policyholders. The Company reserves the right to increase this annual fee in the event the credit card company increases its processing fee.

This disclosure form will be used with the following previously approved policy form in your state

Name    Form Number

Individual Supplemental First Diagnosis Cancer Benefit Policy    70130

SERFF Tracking Number: SKML-126273956 State: Arkansas  
Filing Company: Kanawha Insurance Company State Tracking Number:  
Company Tracking Number: 70130  
TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other  
Product Name: Humana Ind Cash Cancer CC Disclosure  
Project Name/Number: Humana Ind Cash Cancer CC Disclosure/70130

This form is in final printed form subject only to changes in font style, margins, page numbers, ink and paper stock. For example, formatting may change slightly when the document is assembled through an automated document assembly system. Printing standards will never be less than those required by law.

The Company reserves the right to use this form in this format in a variety of media, including the Internet, with the understanding that there may be slight accommodations made for electronic viewing.

While every effort is made to submit filings without mistakes, the Company reserves the right to make corrections to any typographical errors or minor grammatical errors noted after the filing and approval.

## Company and Contact

### Filing Contact Information

Dvora Sinkoe, Compliance Analyst dee@skminc.com  
1925 Century Blvd 404-633-5353 [Phone]  
Suite 1 404-633-6301 [FAX]  
Atlanta, GA 30345

### Filing Company Information

(This filing was made by a third party - sandrakmeltzerandassociates)

|                             |                         |                                   |
|-----------------------------|-------------------------|-----------------------------------|
| Kanawha Insurance Company   | CoCode: 65110           | State of Domicile: South Carolina |
| 210 South White Street      | Group Code: -99         | Company Type: Life                |
| Lancaster, SC 29720         | Group Name:             | State ID Number:                  |
| (803) 283-5301 ext. [Phone] | FEIN Number: 57-0380426 |                                   |

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## Filing Fees

Fee Required? Yes  
Fee Amount: \$20.00  
Retaliatory? No  
Fee Explanation:  
Per Company: No

| COMPANY                   | AMOUNT  | DATE PROCESSED | TRANSACTION # |
|---------------------------|---------|----------------|---------------|
| Kanawha Insurance Company | \$20.00 | 08/20/2009     | 29987818      |

|                          |                                            |                        |                        |
|--------------------------|--------------------------------------------|------------------------|------------------------|
| SERFF Tracking Number:   | SKML-126273956                             | State:                 | Arkansas               |
| Filing Company:          | Kanawha Insurance Company                  | State Tracking Number: |                        |
| Company Tracking Number: | 70130                                      |                        |                        |
| TOI:                     | H21 Health - Other                         | Sub-TOI:               | H21.000 Health - Other |
| Product Name:            | Humana Ind Cash Cancer CC Disclosure       |                        |                        |
| Project Name/Number:     | Humana Ind Cash Cancer CC Disclosure/70130 |                        |                        |

## Correspondence Summary

### Dispositions

| Status | Created By     | Created On | Date Submitted |
|--------|----------------|------------|----------------|
| Filed  | Rosalind Minor | 09/03/2009 | 09/03/2009     |

### Amendments

| Schedule            | Schedule Item Name          | Created By | Created On | Date Submitted |
|---------------------|-----------------------------|------------|------------|----------------|
| Supporting Document | Credit Card Disclosure Form | Dee Sinkoe | 09/01/2009 | 09/01/2009     |

|                                 |                                                   |                               |                               |
|---------------------------------|---------------------------------------------------|-------------------------------|-------------------------------|
| <i>SERFF Tracking Number:</i>   | <i>SKML-126273956</i>                             | <i>State:</i>                 | <i>Arkansas</i>               |
| <i>Filing Company:</i>          | <i>Kanawha Insurance Company</i>                  | <i>State Tracking Number:</i> |                               |
| <i>Company Tracking Number:</i> | <i>70130</i>                                      |                               |                               |
| <i>TOI:</i>                     | <i>H21 Health - Other</i>                         | <i>Sub-TOI:</i>               | <i>H21.000 Health - Other</i> |
| <i>Product Name:</i>            | <i>Humana Ind Cash Cancer CC Disclosure</i>       |                               |                               |
| <i>Project Name/Number:</i>     | <i>Humana Ind Cash Cancer CC Disclosure/70130</i> |                               |                               |

## Disposition

Disposition Date: 09/03/2009

Implementation Date:

Status: Filed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: SKML-126273956 State: Arkansas

Filing Company: Kanawha Insurance Company State Tracking Number:

Company Tracking Number: 70130

TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other

Product Name: Humana Ind Cash Cancer CC Disclosure

Project Name/Number: Humana Ind Cash Cancer CC Disclosure/70130

| Schedule                      | Schedule Item                    | Schedule Item Status | Public Access |
|-------------------------------|----------------------------------|----------------------|---------------|
| Supporting Document           | Flesch Certification             | Filed-Closed         | Yes           |
| Supporting Document           | Application                      | Filed-Closed         | Yes           |
| Supporting Document           | Health - Actuarial Justification | Filed-Closed         | Yes           |
| Supporting Document           | Outline of Coverage              | Filed-Closed         | Yes           |
| Supporting Document (revised) | Credit Card Disclosure Form      | Filed-Closed         | Yes           |
| Supporting Document           | Credit Card Disclosure Form      | Replaced             | Yes           |
| Supporting Document           | Authorization Letter             | Filed-Closed         | Yes           |

SERFF Tracking Number: SKML-126273956 State: Arkansas  
Filing Company: Kanawha Insurance Company State Tracking Number:  
Company Tracking Number: 70130  
TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other  
Product Name: Humana Ind Cash Cancer CC Disclosure  
Project Name/Number: Humana Ind Cash Cancer CC Disclosure/70130

**Amendment Letter**

Submitted Date: 09/01/2009

**Comments:**

Please note that we have revised this disclosure form only by the addition of a form number. Otherwise this form is exactly the same. We apologize for the error. Thank you for your assistance.

**Changed Items:**

**Supporting Document Schedule Item Changes:**

**User Added -Name: Credit Card Disclosure Form**

Comment:

1681 Credit Card Disclosure.pdf

|                          |                                            |                        |                        |
|--------------------------|--------------------------------------------|------------------------|------------------------|
| SERFF Tracking Number:   | SKML-126273956                             | State:                 | Arkansas               |
| Filing Company:          | Kanawha Insurance Company                  | State Tracking Number: |                        |
| Company Tracking Number: | 70130                                      |                        |                        |
| TOI:                     | H21 Health - Other                         | Sub-TOI:               | H21.000 Health - Other |
| Product Name:            | Humana Ind Cash Cancer CC Disclosure       |                        |                        |
| Project Name/Number:     | Humana Ind Cash Cancer CC Disclosure/70130 |                        |                        |

## Supporting Document Schedules

|                                 |                                  | Item Status: | Status<br>Date: |
|---------------------------------|----------------------------------|--------------|-----------------|
| <b>Bypassed - Item:</b>         | Flesch Certification             | Filed-Closed | 09/03/2009      |
| <b>Bypass Reason:</b>           | not applicable to this filing    |              |                 |
| <b>Comments:</b>                |                                  |              |                 |
| <b>Bypassed - Item:</b>         | Application                      | Filed-Closed | 09/03/2009      |
| <b>Bypass Reason:</b>           | not applicable to this filing    |              |                 |
| <b>Comments:</b>                |                                  |              |                 |
| <b>Bypassed - Item:</b>         | Health - Actuarial Justification | Filed-Closed | 09/03/2009      |
| <b>Bypass Reason:</b>           | not applicable to this filing    |              |                 |
| <b>Comments:</b>                |                                  |              |                 |
| <b>Bypassed - Item:</b>         | Outline of Coverage              | Filed-Closed | 09/03/2009      |
| <b>Bypass Reason:</b>           | not applicable to this filing    |              |                 |
| <b>Comments:</b>                |                                  |              |                 |
| <b>Satisfied - Item:</b>        | Credit Card Disclosure Form      | Filed-Closed | 09/03/2009      |
| <b>Comments:</b>                |                                  |              |                 |
| <b>Attachment:</b>              |                                  |              |                 |
| 1681 Credit Card Disclosure.pdf |                                  |              |                 |

|                                 |                                                   |                               |                               |
|---------------------------------|---------------------------------------------------|-------------------------------|-------------------------------|
| <i>SERFF Tracking Number:</i>   | <i>SKML-126273956</i>                             | <i>State:</i>                 | <i>Arkansas</i>               |
| <i>Filing Company:</i>          | <i>Kanawha Insurance Company</i>                  | <i>State Tracking Number:</i> |                               |
| <i>Company Tracking Number:</i> | <i>70130</i>                                      |                               |                               |
| <i>TOI:</i>                     | <i>H21 Health - Other</i>                         | <i>Sub-TOI:</i>               | <i>H21.000 Health - Other</i> |
| <i>Product Name:</i>            | <i>Humana Ind Cash Cancer CC Disclosure</i>       |                               |                               |
| <i>Project Name/Number:</i>     | <i>Humana Ind Cash Cancer CC Disclosure/70130</i> |                               |                               |

|                          |                      | <b>Item Status:</b> | <b>Status</b>              |
|--------------------------|----------------------|---------------------|----------------------------|
| <b>Satisfied - Item:</b> | Authorization Letter | Filed-Closed        | <b>Date:</b><br>09/03/2009 |
| <b>Comments:</b>         |                      |                     |                            |
| <b>Attachment:</b>       |                      |                     |                            |
| Auth ltr.pdf             |                      |                     |                            |



**NOTICE TO INDIVIDUALS WHO PAY PREMIUM  
BY CREDIT CARD BILLING**

**NOTICE**

Policyholders who choose to have their credit card billed for premium payments will be charged a collection fee of [\$12.00] annually. This fee will be applied to each policy billed by credit card. This fee may change annually. This fee is a processing fee that we incur for such a credit card transaction.



210 South White Street  
Post Office Box 610  
Lancaster, SC 29721-0610

**R. Dale Vaughan, CLU, CEBS, FLMI**  
*President and Chief Operating Officer*  
Kanawha Insurance Company

Direct Line: 803-283-5490  
dale.vaughan@kmgamerica.com

March 18, 2009

Ms. Sandra K. Meltzer, President  
Sandra K. Meltzer & Associates, Inc.  
1925 Century Boulevard, Suite 1  
Atlanta, Georgia 30345

Re: NAIC 65110

Dear Ms. Meltzer:

Please accept this letter as authorization from Kanawha Insurance Company to your firm, Sandra K. Meltzer & Associates, Inc., to file any or all policy forms as referenced on the attached form listing on Kanawha's behalf.

Sincerely,

A handwritten signature in black ink, appearing to read "R. Dale Vaughan", written in a cursive style.

R. Dale Vaughan

Attachment

|                                 |                                                   |                               |                               |
|---------------------------------|---------------------------------------------------|-------------------------------|-------------------------------|
| <i>SERFF Tracking Number:</i>   | <i>SKML-126273956</i>                             | <i>State:</i>                 | <i>Arkansas</i>               |
| <i>Filing Company:</i>          | <i>Kanawha Insurance Company</i>                  | <i>State Tracking Number:</i> |                               |
| <i>Company Tracking Number:</i> | <i>70130</i>                                      |                               |                               |
| <i>TOI:</i>                     | <i>H21 Health - Other</i>                         | <i>Sub-TOI:</i>               | <i>H21.000 Health - Other</i> |
| <i>Product Name:</i>            | <i>Humana Ind Cash Cancer CC Disclosure</i>       |                               |                               |
| <i>Project Name/Number:</i>     | <i>Humana Ind Cash Cancer CC Disclosure/70130</i> |                               |                               |

## Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

| <b>Creation Date:</b> | <b>Schedule</b> | <b>Schedule Item Name</b>            | <b>Replacement<br/>Creation Date</b> | <b>Attached Document(s)</b>                                           |
|-----------------------|-----------------|--------------------------------------|--------------------------------------|-----------------------------------------------------------------------|
| 08/20/2009            | Supporting      | Credit Card Disclosure Form Document | 09/01/2009                           | NOTICE TO INDIVIDUALS WHO PAY PREMIUM BY CREDIT CARD.pdf (Superceded) |



## **NOTICE TO INDIVIDUALS WHO PAY PREMIUM BY CREDIT CARD BILLING**

### **NOTICE**

Policyholders who choose to have their credit card billed for premium payments will be charged a collection fee of [\$12.00] annually. This fee will be applied to each policy billed by credit card. This fee may change annually. This fee is a processing fee that we incur for such a credit card transaction.